

8664

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick LENGTH OF STAY (in this place) 3 yrs.		STATE Maryland COUNTY Fred. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hope Hill STREET ADDRESS (If rural give location) Rural Hope Hill	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 East Street			
3. NAME OF DECEASED: (First) Cora (Middle) Dillon (Last) Allen		4. DATE OF DEATH: Sept. 20 1955	
5. SEX: Female COLOR OR RACE: Colored		6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed	
7. 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife		8. DATE OF BIRTH: Sept 1, 1976	
10b. KIND OF BUSINESS OR INDUSTRY: *****		9. AGE last birthday: If UNDER 1 YEAR yrs. Months Days Hours Min. 79	
11. BIRTHPLACE (State or foreign country): Cookstown, New Jersey		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel Stout		14. MOTHER'S MAIDEN NAME: Josephine Wilkenson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 219-07-9510 A	
		17. INFORMANT & ADDRESS: Grant Allen— 118 East Street	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) CORONARY ARTERY SCLEROSIS WITH DUE TO ACUTE MYOCARDIAL INFARCTION (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c)			
Interval Between Onset And Death 1 day			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from 10-16, 1953, to 9-20, 1955, that I last saw the deceased alive on 9-19, 1955, and that death occurred at 4 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. FURNAL CREMATION, DATE THEREOF, REMOVAL (Specify) Burial		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Fairview Frederick, Md.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Sept. 22, 1955		24. FUNERAL DIRECTOR ADDRESS Charles E. Hicks III Fred. Md.	

RECEIVED
BUREAU V. S.
SER 26 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

086747

871

CERTIFICATE OF DEATH

Reg. Dist. No. [REDACTED]

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town)
 TOWN Rural-Mt. Airy LENGTH OF STAY (in this place) 6 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 - Sidney Road

3. NAME OF DECEASED: (First) Henry (Middle) Charles (Last) Bennett

5. SEX: Male 6. COLOR OR RACE: Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED 8. DATE OF BIRTH: March 20, 1890 9. AGE last birthday 65 IF UNDER 1 YEAR yrs. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10B. KIND OF BUSINESS OR INDUSTRY: Farm

13. FATHER'S NAME:

Abraham Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

O23X

IMMEDIATE CAUSE

(A) DUE TO

Luetic Aortitis,

INTERVAL BETWEEN ONSET AND DEATH

Unknown

ANTECEDENT CAUSE (S)

(B) DUE TO

Syphilitic DecompenstationUnknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

M.

21E. INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1955, to Sept., 1955, that I last saw the deceased alive on Aug. 24, 1955, and that death occurred at 5:15 P.M. from the causes and on the date stated above.
 SIGNATURE W.B. Culwell ADDRESS Mt. Airy Md. DATE SIGNED Sept 8 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial 9-11-1955 Bushey Park Howard Co. Md.

DATE REC'D. BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

Sept. 9, 1955 Clarice A. Kunkler G. M. Waltz Wimfield, Md.

RECEIVED
BUREAU V. S.

SEP 12 1955

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FEB 14 1955
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08673

Reg. Dist. No. 131

872

CERTIFICATE OF DEATH

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND length of stay (If outside corporate limits, write RURAL and give nearest town)	STATE OR TOWN STREET ADDRESS	COUNTY length of stay If outside corporate limits, write RURAL and give nearest town)
3. NAME OF DECEASED: (Type or Print)		(First) Robert	(Middle) Lee
		(Last) Brown	4. DATE (Month) OF DEATH: 9 3 1955
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH: 5-17-1955
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday IF UNDER 1 YEAR yrs. 3 Months 3 Days Hours 1 Min.
			11. BIRTHPLACE (State or foreign country): Maryland
13. FATHER'S NAME: Robert Brown		12. CITIZEN OF WHAT COUNTRY?: U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME: Betty L. Brown
17. INFORMANT & ADDRESS: Betty Brown		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 421.4 IMMEDIATE CAUSE Endocardial Sclerosis - DUE TO (A) ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH Sudden	
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1955, to Sept 3, 1955, that I last saw the deceased alive on Aug. 16, 1955, and that death occurred at 6:30 AM, from the causes and on the date stated above. SIGNATURE J E Harp			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 9-4-1955	NAME OF CEMETERY OR CREMATORIAL Locust Valley Ch. B. Cem.
DATE REC'D BY LOCAL REGISTRAR 9-3-1955		REGISTRAR'S SIGNATURE Elizabeth G. Hesk.	LOCATION (City, town, or county) Frederick Co., Md.
		24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.	ADDRESS

RECEIVED
FEDERAL BUREAU OF INVESTIGATION

SEP 7 1955

08674

MARYLAND STATE DEPARTMENT OF HEALTH

873

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural-R.D.#5		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R. D. #5	
LENGTH OF STAY Years		STREET ADDRESS Edgemont	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgemont		COUNTY Frederick	
3. NAME OF DECEASED (Type or Print) LUCY	(First)	(Middle) KATE	(Last) BRUST
4. DATE OF DEATH September 16, 1955	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED (Specify) Married	8. DATE OF BIRTH Oct. 28, 1876
9. AGE last birthday 78 yrs.	10. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Franklin H. Davis	14. MOTHER'S MAIDEN NAME Rebecca Coblentz	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mr. B. A. H. Brust, Frederick R.D.#5, Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 974X Immediate cause (a) <i>Strangulation by hanging</i> Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) _____			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) Frederick R.D.5 (COUNTY) Frederick Md (STATE) MD
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . SIGNATURE B. A. H. Davis (Degree or title) Dep. Med. Exam. ADDRESS Frederick, Maryland DATE SIGNED 9/17/1955			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept. 18, 1955	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland (State) MD
DATE REC'D BY LOCAL REG. 17 Sept 1955	REG. NUMBER Elizabethe Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

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BUREAU Y.

SEP 20 1955

8666

08675

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

1. PLACE OF DEATH: *Fredrick Memorial Hosp*

COUNTY <i>Fredrick</i>	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Town</i>	
LENGTH OF STAY (in this place)	

11 HOSPITAL OR *Fredrick Memorial*
INSTITUTION OR *Hosp. Fredrick Md*
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits write RURAL and give nearest town) OR *Town*

Mt. Airy-Rural-R. D.

STREET ADDRESS

(If rural, give location)

3. NAME OF (First) *John* (Middle) *Burns* (Last)

DECEASED:

(Type or Print)

Male

6. COLOR OR RACE *12*7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): *Widower*8. DATE OF BIRTH: *1874 ?*9. AGE last birthday: *80?*

yrs.

10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) *Laborer*10b. KIND OF BUSINESS OR INDUSTRY: *?*11. BIRTHPLACE (State or foreign country): *Maryland*12. CITIZEN OF WHAT COUNTRY? *USA*

13. FATHER'S NAME:

Charles Burns

14. MOTHER'S MAIDEN NAME:

*Mary Hopkins*15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) *No*16. SOCIAL SECURITY NO.: *219-03-2682*

17. INFORMANT & ADDRESS:

Carl Anderson, Mt. Airy, R.D., Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) DUE TO

*Fracture base of skull*INTERVAL BETWEEN
ONSET AND DEATH
7 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last*Struck by automobile*II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. *Struck by automobile on Route 40*

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY *Highway*)

21c. (City or town) (County)

(State)

*Route 40 Howard B. Md*21d. TIME (Month) (Day) (Year) (Hour) OF INJURY *9 11 1953 7 PM.*21e. INJURY OCCURRED While at Not while work at work

21f. HOW DID INJURY OCCUR?

*Struck by automobile*22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE *B. Burns*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED *Sept 12 1955*23. BURIAL, CREMATION, REMOVAL (Specify): *Burial*

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

*Carroll County, Maryland*DATE REC'D BY LOCAL REG. *Sept. 12, 1955*

REGISTRAR'S SIGNATURE

Elizabeth S. Heek

24. FUNERAL DIRECTOR

ADDRESS *C. M. Walsh Funeral Home, Winfield, Md.*

BUREAU V. S.

SEP 16 1955

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MARYLAND STATE DEPARTMENT OF HEALTH

8667

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

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I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>TOWN</u> <u>Frederick</u>		COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>TOWN</u> <u>Frederick</u>		LENGTH OF STAY (in this place)		STREET ADDRESS <u>West 10th Street</u>		STREET ADDRESS <u>West 10th Street</u>		(U. rural, give location) <u>35</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick County Chronic Hospital</u>									
3. NAME OF DECEASED (Type or Print)		(First) <u>William</u>	(Middle) <u>R</u>	(Last) <u>Bussard</u>	4. DATE OF DEATH		(Month) <u>9</u>	(Day) <u>25</u>	(Year) <u>1955</u>
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Singer</u>		8. DATE OF BIRTH		9. AGE last birthday yrs. <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <u>Robert L. Bussard</u>		14. MOTHER'S MAIDEN NAME <u>Grace Bear</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>R. L. Bussard Brunswick MD</u>	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>148X Immediate cause</u> (a) <u>Carcinoma - throat</u> Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from....., 1952, to....., 1955, that I last saw the deceased alive on....., 1955, and that death occurred at....., 1955, from the causes and on the date stated above. SIGNATURE <u>H. Kline M.D.</u> ADDRESS <u>Frederick Md</u> DATE SIGNED <u>Sept 26 1955</u>									
23. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>		DATE <u>9-28-55</u>		NAME OF CEMETERY OR CREMATORIAL <u>Park Heights</u>		LOCATION (City, town, or county) <u>Brunswick</u>		(State) <u>Md</u>	
DATE REC'D BY LOCAL REC'D <u>26 Sept. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		24. FUNERAL DIRECTOR C. H. Felt & Son Brunswick Md		ADDRESS			

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SEP 28 1955

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 Hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8668

08677

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL, OR and give nearest town) TOWN	FREDERICK MARYLAND	STATE CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN	Md COUNTY Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 THREE Pines Nursing Home	LENGTH OF STAY (in this place) 5 Weeks	STREET ADDRESS 505 Magnolia Ave	(If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH Sept 23 1955	
(First) Priscilla	(Middle) Comp	(Month) Sept	(Day) 23
(Last)	(Year) 1955		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 11 Oct 1885
9. AGE last birthday 69 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY U.S.	13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. -			17. INFORMANT & ADDRESS Hospital Records
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
332X IMMEDIATE CAUSE (A) <u>cerebral thrombosis, left middle cerebral artery</u> INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO <u>cerebral arteriosclerosis</u> ONSET AND DEATH <u>one month</u>			
DISEASES OR CONDITIONS, IF ANY, (B) <u>cerebral arteriosclerosis</u> 1 year GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>Generalized arteriosclerosis</u> 1 year (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 1, 1955</u> , to <u>23 Sept, 1955</u> , that I last saw the deceased alive on <u>23 Sept, 1955</u> , and that death occurred at <u>4:15 AM</u> , from the causes and on the date stated above. SIGNATURE <u>Norman E. Stone</u> M.D. 4 W 3rd St DATE SIGNED <u>9-23-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 9-27-55	NAME OF CEMETERY OR CREMATORIAL Phelos Cemetery
24. REC'D BY REGISTRAR DATE 9/23/55		REGISTRAR'S SIGNATURE Frank R. Smith Jr.	LOCATION (City, town, or county) Westerville Md.
		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Boal	ADDRESS Westerville Md.
		Dep. Registrar By P.D.	

87-4

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <input checked="" type="checkbox"/> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Frederick MARYLAND Rural-middletown	STATE CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN	Frederick COUNTY Maryland Rural-middletown		
		LENGTH OF STAY (in this place)			
			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED: (Type or Print)		(First) ALICE F DAVIDSON	4. DATE OF DEATH: (Month) (Day) (Year) 9 16 1955		
5. SEX: Female		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): nurse		10b. KIND OF BUSINESS OR INDUSTRY: Practical nursing	11. BIRTHPLACE (State or foreign country): Maryland		
13. FATHER'S NAME: John W. Davidson		14. MOTHER'S MAIDEN NAME: martha Snook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: none	17. INFORMANT & ADDRESS: mrs. Clarence Busard Frederick - Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c) Acute Coronary Thrombosis Arteriosclerosis, generalized unknown Interval Between Onset And Death 10 min					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 16, 1955, to Sept. 16 1955, that I last saw the deceased alive on Sept. 15, 1955, and that death occurred at 4:45 p.m. from the causes and on the date stated above. SIGNATURE: <i>Jeaneth C. Benson, M.D.</i> ADDRESS: <i>Middlebury Md.</i> DATE SIGNED: <i>Sept. 16, 1955</i> (Degree or title)					
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 19 Sept 1955	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REGISTRAR 19 Sept 1955	REGISTRAR'S SIGNATURE <i>Frank R. Smith, Jr.</i>		24. FUNERAL DIRECTOR C. E. Cline & Son		ADDRESS Frederick Md
DEPUTY LOCAL REGISTRAR					

BUREAU V. S.

5361 18 222

REGEIY EO

08679

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8705

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

COUNTY	Fredrick	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)
TOWN	Rural - Thurmont	Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS	X	

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Fredrick
CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN	Rural -- Thurmont X		
STREET ADDRESS	/		

3. NAME OF (First) (Middle) (Last)

DECEASED:
(Type or Print)

HOWARD CALVIN DAVIS

4. DATE (Month) (Day) (Year)
OF DEATH: Sept. 9 19555. SEX: 6. COLOR OR 7. SINGLE, MARRIED,
RACE: WIDOWED, DIVORCED.
(Specify):

Male White

8. DATE OF BIRTH:

McLeland June 25 1900

9. AGE last birthday
IF UNDER 1 YEAR
55 yrs. Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Forman P.E. Railroad maintenance

10B. KIND OF BUSINESS
OR INDUSTRY:11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
COUNTRY?

Maryland

U.S.A.

13. FATHER'S NAME:

McClellan Davis

14. MOTHER'S MAIDEN NAME:

Sarah Yingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

214-10-5883

17. INFORMANT & ADDRESS:

Mr. Ralph Scruton Thurmont (rural)

INTERVAL BETWEEN
ONSET AND DEATH18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4341

IMMEDIATE CAUSE

(A)
DUE TO

Heart disease, congestive heart failure

6 mos.

ANTECEDENT CAUSE (S):

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1955 to Sept. 9, 1955 that I last saw the deceased alive on Sept. 3, 1955, and that death occurred at 10:30 p.m. from the causes and on the date stated above.
SIGNATURE *James J. Gray* ADDRESS *Thurmont Md.* DATE SIGNED *9-10-55*

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)Burial
DATE REC'D BY LOCAL
REGISTRAR

Sept. 12, 1955

DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORIUM

Blue Ridge Cemetery

LOCATION (City, town, or county)

Thurmont, Maryland

(State)

24. FUNERAL DIRECTOR

M. L. Creager & Son Thurmont, Md.

BUREAU V. S.

SEP 13 1955

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

87-6 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item 22 Film 187-10-14 See: 210 MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131
08680 Reg. Dist.

1. PLACE OF DEATH: COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Near Dickerson</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Dickerson, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Dickerson</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (First) <u>William</u> (Middle) <u>Robert</u> (Last) <u>Diggs</u>		4. DATE OF DEATH <u>Sept. 17</u> 1953	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH: <u>1-6-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B&O. R.R.</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
13. FATHER'S NAME: <u>Robert Diggs</u>		14. MOTHER'S MAIDEN NAME: <u>Laura Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.: <u>158-17-0000</u>	17. INFORMANT & ADDRESS:
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>981X</u> Immediate cause (a) <u>Gun shot wound below left</u> DUE TO Antecedent cause(s) (b) <u>asillo penetrating left lung &</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <u>heart</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>House</u>)	21c. (City or town) <u>Near Dickerson</u> (County) <u>Fredrick</u> (State) <u>Maryland</u>
21d. TIME (Month) (Day) (Year) (Hour) <u>Sept. 17 1953 105 M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input checked="" type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE <u>B. L. Brown</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>9/21/53</u> NAME OF CEMETERY OR CREMATORIUM <u>Colesville</u>	LOCATION City, town, or county <u>Colesville, Md.</u> (State)
DATE REC'D BY LOCAL REG. <u>9/21/53</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Beck</u>	FUNERAL DIRECTOR <u>Robert L. Snowden</u> ADDRESS <u>Rockville</u>

BUREAU U. S.

SEP 26 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8659

08681

CERTIFICATE OF DEATH

Reg. Dist. No. B1

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Garroll Westminister 06-27-2 (If rural give location)
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) OF DEATH: Sept. 13 1955	
(First) Missouri	(Middle) Everhardt	(Last) 83 yrs.	(Year)
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH: Dec. 13, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	
13. FATHER'S NAME: William Bankard		11. BIRTHPLACE (State or foreign country): Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS: Beatrice Hahn W. Main Westminister, Md.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 904.0			
IMMEDIATE CAUSE (A) Shock			
ANTECEDENT CAUSE (S) (B) Fracture Hip w/			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Accidental Fall			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: Oct 22	19B. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, etc.) OF INJURY street, office bldg., etc.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 13 5:55 pm		21E. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Fall at Home			
22. I hereby certify that I attended the deceased from Sept 13, 1955, to Sept 13, 1955, that I last saw the deceased alive on Sept 13, 1955, and that death occurred at 12:30 PM, from the causes and on the date stated above. ADDRESS DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Sept. 15, 1955	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Frederick M.D. Westminster, Md. (State)
DATE REC'D BY LOCAL REGISTRAR Sept. 13, 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck	FUNERAL DIRECTOR ADDRESS

BUREAU Y.S.

RECEIVED
SEP 16 1953

08682

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8670

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>FREDERICK</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>TOWN</u> <u>FREDERICK</u>		MARYLAND LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>FREDERICK</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Woodsboro</u> STREET ADDRESS <u>HIGH ST</u>	
3. NAME OF DECEASED: (Type or Print) <u>EVELYN MARIE FOGLE</u>		(First) <u>EVELYN</u> (Middle) <u>MARIE</u> (Last) <u>FOGLE</u>	4. DATE (Month) (Day) (Year) OF DEATH: <u>SEPT 25</u> 19 <u>55</u>	
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Infant.</u>	8. DATE OF BIRTH: <u>SEPT 22, 1955</u>	9. AGE last birthday IF UNDER 1 YEAR yrs. <u>5</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Infant.</u>	11. BIRTHPLACE (State or foreign country): <u>Fresh.</u> 12. CITIZEN OF WHAT COUNTRY? <u>me</u> <u>Maryland</u>	
13. FATHER'S NAME: <u>MAX RAY FOGLE</u>		14. MOTHER'S MAIDEN NAME: <u>MARY JANE WOLFE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT & ADDRESS: <u>Mother-Mrs. MAXFOGLE-Woodsboro</u> <u>Maryland</u>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>750X</u> IMMEDIATE CAUSE <u>Anencephalus</u> ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>(A) DUE TO</u> <u>(B) DUE TO</u> <u>(C) DUE TO</u>				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	21C. WHERE DID (City or town) INJURY OCCUR? <u>Woodsboro</u>	(County) <u>Montgomery</u> (State) <u>Maryland</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/22</u> , 19 <u>55</u> to <u>9/25</u> , 19 <u>55</u> that I last saw the deceased alive on <u>9/24</u> , 19 <u>55</u> , and that death occurred at <u>2:55 AM</u> <u>9/25</u> from the causes and on the date stated above. SIGNATURE <u>Harold Gray</u> M.D. <u>35 E Clarendon</u> <u>9-25-55</u>				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial 9/26-1955 Mt. Hebron</u>		DATE THEREOF <u>Sept 26-1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Mt. Hebron</u>	LOCATION (City, town, or county) <u>Woodsboro</u> (State) <u>Maryland</u>
DATE REC'D BY LOCAL REGISTRAR <u>Elizabeth S. Heck</u>		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS <u>Mr. Bragdon Thumont</u>	

BUREAU V. 2

SEP 28 1955

RECEIVED

8671

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town) FrederickLENGTH OF STAY
(In this place)
I weekHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Three Pines Nursing Home

3. NAME OF
DECEASED:
(Type or Print)

(First) George

(Middle) Baker

(Last) Fout

5. SEX:

Male

6. COLOR OR
RACE: White7. SINGLE, MARRIED,
WIDOWER, DIVORCED.
(Specify) Single8. DATE OF BIRTH:
April 3. 18689. AGE last birthday
8710. IF UNDER 1 YEAR
yrs.11. IF UNDER 24 HRS.
Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired) Clerical work10B. KIND OF BUSINESS
OR INDUSTRY: Hotels

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

George Fout

14. MOTHER'S MAIDEN NAME:

Lucretia Shook

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) NO

16. SOCIAL SECURITY NO. NO 214-16-1080

17. INFORMANT & ADDRESS:

Mrs Amy Munshour Thurmont MD

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

IMMEDIATE CAUSE

(A) DUE TO

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B) DUE TO

Central arteriosclerosis

5 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 1955, to Sept. 26, 1955, that I last saw the deceased
alive on Sept. 18, 1955, and that death occurred at 12:30 P.M. from the causes and on the date stated above.
SIGNATURE *James T. Gray*

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

Elizabeth G. Heels

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

Mt Olivet Cem. Frederick, Md

ADDRESS

M.L. Creager & Son. Thurmont Md

1782

BUREAU V. S.

SEP 28 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

18684

8797

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH: Frederick COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED: Md STATE		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Emmitsburg HOSPITAL OR INSTITUTION OR STREET ADDRESS			MARYLAND LENGTH OF STAY (in this place) Lifetime		
3. NAME OF DECEASED: (Type or Print)			(First) Harry Robert (Middle) (Last) Gelwicks		
5. SEX: Male			6. COLOR OR RACE: white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)			8. DATE OF BIRTH: Married June 17. 1877		
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY:		
13. FATHER'S NAME: George Gelwicks			11. BIRTHPLACE (State or foreign country): Emmitsburg Md.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 213-12-7845		
17. INFORMANT & ADDRESS: Marie F. Gelwicks Emmitsburg Md			14. MOTHER'S MAIDEN NAME: Barbara Gelwicks		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE 177X ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			18. MEDICAL CERTIFICATION (A) DUE TO Carcinsoma of Prostate with metastasis to pelvis (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 7 year.		
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/31....., 1955, to 9/29....., 1955, that I last saw the deceased alive on 9/29....., 1955, and that death occurred at 10:45 P.M., from the causes and on the date stated above. SIGNATURE Charles R. Williams ADDRESS Emmitsburg Md DATE SIGNED Sept 30, 1955					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Oct. 3. 1955		NAME OF CEMETERY OR CREMATORIAL St. Joseph Cem.	
DATE REC'D BY LOCAL REGISTRAR Oct. 2. 1955 M.F. Shultz		REGISTRAR'S SIGNATURE		LOCATION (City, town, or county) (State) Emmitsburg Fredk. Co. MD ADDRESS	
24. FUNERAL DIRECTOR M.L. Creager & Son. Thurmont. MD					

BUREAU

OCT 7 1955

REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08685

8708

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

RURAL
OR
TOWN(If outside corporate limits, write RURAL
and give nearest town)LENGTH OF STAY
(in this place)X Rural Middletown
HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
oo

2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Frederick

RURAL
OR
TOWN

(If outside corporate limits, write RURAL and give nearest town)

STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED:
(Type or Print)(First) Sydnor Claude Gordon
(Middle)

(Last)

4. DATE (Month)
OF
DEATH: 9 10 1955
(Day) (Year)5. SEX:
male6. COLOR OR
RACE:
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): married10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): farm tenant10B. KIND OF BUSINESS
OR INDUSTRY: farm8. DATE OF BIRTH:
5-18-1894
9. AGE last birthday
61 yrs.IF UNDER 1 YEAR
Months Days Hours Min.

13. FATHER'S NAME:

Benjamin Gordon

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT
COUNTRY? U.S.15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.: 219-20-0284

14. MOTHER'S MAIDEN NAME:
Barbara MacDonald17. INFORMANT & ADDRESS:
Mrs. Averay Gordon, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)
DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

15 min

ANTECEDENT CAUSE (S)

(B)
DUE TO

Arterio-Sclerosis

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-1955, to 9-10-1955, that I last saw the deceased
alive on 9-10-1955, and that death occurred at 8:20 AM, from the causes and on the date stated above.
SIGNATURE Q3 Harp ADDRESS DATE SIGNED
M.D. Middletown 9-10-5523. BURIAL, CREMATION
REMOVAL (SPECIFY): Burial

DATE THEREOF: 9-13-1955

NAME OF CEMETERY OR CREMATORIUM: Edge Hill Cemetery

LOCATION (City, town, or county) (State): Charlestown St. Va.

DATE REC'D BY LOCAL
REGISTRAR: 9-12-55

REGISTRAR'S SIGNATURE: Elizabeth B. Heck

24. FUNERAL DIRECTOR: Gladhill Co.

ADDRESS: Middletown, Md.

BUREAU V. 2

SEP 14 1955

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8672

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8686
No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		CITY (If outside corporate limits write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 431-A West South Street	
3. NAME OF DECEASED: (First) WILLIAM (Middle) JOSEPH (Last) GOUKER		4. DATE OF DEATH: September 26 1955	
5. SEX: Male RACE: White		6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machinist		8. DATE OF BIRTH: March 7, 1921	
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Clothing		9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William I. Gouker		14. MOTHER'S MAIDEN NAME: Clara R. Zimmerman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. II		16. SOCIAL SECURITY NO.: 214-10-3822	
17. INFORMANT & ADDRESS: Mrs. William J. Gouker - Frederick, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 816X Immediate cause (a) Due to <i>Ruptured liver with hemorrhage</i> Antecedent cause(s) (b) Due to <i>Infarct pancreas</i> Diseases or conditions, if any, giving rise to the above cause (c) Due to <i>Suppuration of kidneys</i> stating underlying cause last <i>Friable ribs at side hemorrhage in lung</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19c. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9/25/55 8:52 M.		21e. PLACE (Home, farm, factory, office, street, office bldg., etc., INJURY <i>Automobile accident</i>) 21f. (City or town) (County) (State) <i>near Jessupville Frederick Md</i>	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>automobile under truck tractor</i>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>B. O. Thomas</i>			
23. BURIAL, CREMATION, REMOVAL, (Specify): Burial		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	
DATE REC'D BY LOCAL REG. 28 Sept. 1955		DATE SIGNED	
DATE THEREOF Sept. 28, 1955		NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	
REGISTRAR'S SIGNATURE <i>Elizabeth G. Heber</i>		LOCATION (City, town, or county) (State) Frederick, Maryland	
24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland		ADDRESS	

RECEIVED
FBI - NEW YORK

SEP 30 1955

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08687

8673

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick
 LENGTH OF STAY (in this place)
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Fred. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town) Rural Myersville
 TOWN X
 STREET ADDRESS
 (If rural give location)

3. NAME OF DECEASED: (First) Dolly (Middle) R. (Last) Green
 (Type or Print)

4. DATE (Month) (Day) (Year)
 OF DEATH: 9 8 1955

5. SEX: female 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow 8. DATE OF BIRTH: 1-8-1894

9. AGE last birthday
 IF UNDER 1 YEAR
 yrs. Months Days Hours Min.

61 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Pa. 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:

John Green

14. MOTHER'S MAIDEN NAME:

Isabella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS:

Chester Green, 9 Myersville, Md.

INTERVAL BETWEEN ONSET AND DEATH

10 min

420.1

IMMEDIATE CAUSE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(A) DUE TO

Acute Coronary Occlusion

2-3 yrs

(B) DUE TO

Coronary artery disease

?

(C) DUE TO

arteriosclerosis generalized

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1955, to 9/1, 1955, that I last saw the deceased alive on 9/1, 1955, and that death occurred at 5:50 A.M. from the causes and on the date stated above.

SIGNATURE Frederick C. Green ADDRESS M.D. Middletown, Md. DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

Burial

9-10-1955

Pleasant Hall B.Cem.

Frederick Co., Md.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Elsie L. S. Heck

24. FUNERAL DIRECTOR

ADDRESS

9-9-1955

Gladhill Co., Middletown, Md.

RECEIVED
BUREAU V. A

SEP 18 1965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8674

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08688

1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 East Third Street		STREET ADDRESS 47 East Third Street	
3. NAME OF DECEASED: (Type or Print) GORDON		4. DATE (Month) (Day) (Year) OF DEATH: September 18, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: June 8, 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter		10B. KIND OF BUSINESS OR INDUSTRY: Army Camp	
13. FATHER'S NAME: George W. Greenawalt		11. BIRTHPLACE (State or foreign country): West Virginia	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME: Josephineough		17. INFORMANT & ADDRESS: 47 East Third Street, Mrs. Helen K. Greenawalt, Frederick, Maryland	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>422.1</i>		18. MEDICAL CERTIFICATION (A) IMMEDIATE CAUSE <i>Cerebral Thrombosis with hemiplegia, right side</i> DUE TO <i>Anterior cerebral Cardiovascular disease 2 yrs.</i> (B) ANTECEDENT CAUSE (S) <i>6 wks.</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>Aug 3</i> , 1955, to <i>Sep 18</i> , 1955, that I last saw the deceased alive on <i>Sep 16</i> , 1955, and that death occurred at 6:00 AM, from the causes and on the date stated above. SIGNATURE <i>Henry V. Chase</i>		ADDRESS DATE SIGNED <i>Frederick, Maryland 9/19/1955</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		M.D. NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) DATE THEREOF Cedar Hill Cemetery Kline, Pendleton Co., W. Virginia	
DATE REC'D BY LOCAL REGISTRAR 20 Sept 1955		REGISTRAR'S SIGNATURE <i>Frank R. Smith, Jr.</i> 24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	
DEPUTY LOCAL REGISTRAR			

BUREAU V. S.

SEP 21 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08689

8675

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick CITY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 136 W. Patrick St.		STREET ADDRESS 136 W. Patrick St.	
3. NAME OF DECEASED: (First) ANNA (Middle) Beth (Last) HOFF		4. DATE OF DEATH: Sept. 2 1955	
5. SEX: Female COLOR OR RACE: white		6. DATE OF BIRTH: 5/29/1867	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) window		8. AGE last birthday: 88 yrs.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, if retired: housewife		10b. KIND OF BUSINESS OR INDUSTRY: at home	
10c. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Amos Mentzer		14. MOTHER'S MAIDEN NAME: Henretta Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: none	
(If Yes, give war or dates of service) no		17. INFORMANT & ADDRESS: Gersie Mull, Frederick, Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 Immediate cause (a) Arterio sclerotic heart disease DUE TO over 2 years Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Not White m. Work <input type="checkbox"/> At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 1, 1953 , to Sept. 2, 1955 , that I last saw the deceased alive on Sept. 2, 1955 , and that death occurred at 7: P.M. , from the causes and on the date stated above. SIGNATURE (Degree or title) Bob Martin, M.D. ADDRESS 35 E Church Frederick, Md. DATE SIGNED 9-3-55			
23. BURIAL, CREMATION, REMOVAL (Specify) Casket		DATE THEREOF 9/5/55 NAME OF CEMETERY OR CREMATORIUM Beaver Dam Cemetery, Union Bridge, Maryland LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR Sept. 7/55		REGISTER'S SIGNATURE Elizabeth Beck FUNERAL DIRECTOR Powell & Hartzer ADDRESS	
		24. FUNERAL DIRECTOR Woodstock, Md.	

FBI

SEP 7 1955

RECEIVED

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 TOWN Knoxville Life
 HOSPITAL OR STREET ADDRESS —
 INSTITUTION OR —
 STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Knoxville (If rural, give location)
 STREET ADDRESS —

3. NAME OF DECEASED:
(Type or Print)

(First) Mildred (Middle) Louise (Last) Huffer

4. DATE OF DEATH: 9 21 1955

5. SEX:

Female

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED,
(Specify): Married

8. DATE OF BIRTH:

6-3-1902

9. AGE last birthday:

53

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

House wife

10b. KIND OF BUSINESS OR INDUSTRY:

None

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Joseph A. Swope

14. MOTHER'S MAIDEN NAME:

Relia Virts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

No

16. SOCIAL SECURITY NO.:

—

17. INFORMANT & ADDRESS:

Paul R. Huffer, Knoxville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

580X

Immediate cause

(a).....

DUE TO

Antecedent cause(s)

(b).....

DUE TO

Diseases or conditions, if any, giving rise to the above cause

stating underlying cause last

(c).....

Death yellow atrophy

INTERVAL BETWEEN ONSET AND DEATH

14 Wks.

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes No

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED	HOW DID INJURY OCCUR?
M.	While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from 6, 1955, to 9-21, 1955, that I last saw the deceased alive on 1955, and that death occurred at 11 a.m., from the causes and on the date stated above.
 SIGNATURE W.H. Huffer (DEGREE OR TITLE) ADDRESS 111 N. Main St., Knoxville, Maryland DATE SIGNED 9-23-55

23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>	DATE THEREOF: <u>9-24-55</u>	NAME OF CEMETERY OR CREMATORIAL: <u>Reformed</u>	LOCATION (City, town, or county) (State): <u>Knoxville Maryland</u>
DATE REC'D BY LOCAL REG. <u>Sept 23-55</u>	REG. <u>Kathryn N. Brown</u>	FUNERAL DIRECTOR: <u>C. A. Felt & Son Brunswick Md.</u>	ADDRESS

BUREAU V. S.

SEP 27 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08691

8576

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL
OR and give nearest town) LENGTH OF STAY
TOWN Frederick (in this place) 13 hrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Frederick Memorial Hospital

3. NAME OF
DECEASED:
(First) JANIS

(Middle)

(Last) Louise

5. SEX: F 6. COLOR OR
RACE: W 7. SINGLE, MARRIED,
WIDOWER, DIVORCED,
(Specify): Singe

8. DATE OF BIRTH: 16 Sept 55

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Frederick, Maryland

STREET
ADDRESS 244 West 5th STREET
(If rural, give location)

4. DATE (Month) (Day) (Year)
OF DEATH: 9 17 1955

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.
even if retired):

10B. KIND OF BUSINESS
OR INDUSTRY: —

9. AGE last birthday
yrs. 13 IF UNDER 1 YEAR
Months 13 Days 0 Hours 0 Min. 0
IF UNDER 24 HRS.

13. FATHER'S NAME:

Robert James, Jr.

16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO. —

11. BIRTHPLACE (State or foreign country): Frederick, Maryland 12. CITIZEN OF WHAT
COUNTRY? U.S.

14. MOTHER'S MAIDEN NAME:

Sara Louise Simpson

17. INFORMANT & ADDRESS:

Hospital Records

INTERVAL BETWEEN
ONSET AND DEATH

10 hours

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

771.0

IMMEDIATE CAUSE

(A) DUE TO Advanced Cerebral Hemorrhage

ANTECEDENT CAUSE (S)

(B) DUE TO —

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
or injury street, office bldg., etc.) —

21C. WHERE DID (City or town)
INJURY OCCUR? —

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Sept 55 to 17 Sept 1955 that I last saw the deceased
alive on 17 Sept 55, 1955, and that death occurred at 11 5/12 A.M. from the causes and on the date stated above.
SIGNATURE John R. Smith, Jr. ADDRESS 220 N. Market DATE SIGNED 17 Sept 1955

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

DATE THEREOF 9-19-1955

NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL
REGISTRAR 19 Sept 1955

REGISTRAR'S SIGNATURE Frank R. Smith, Jr.

24. FUNERAL DIRECTOR

C.E. Cline & Son - Frederick, Maryland

RECEIVED

BUREAU V. 3

SEP 21 1968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08692

8677

Item 8 Film 186 9-16-55 st

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU Y. S

SEP 7 1955

RECEIVED

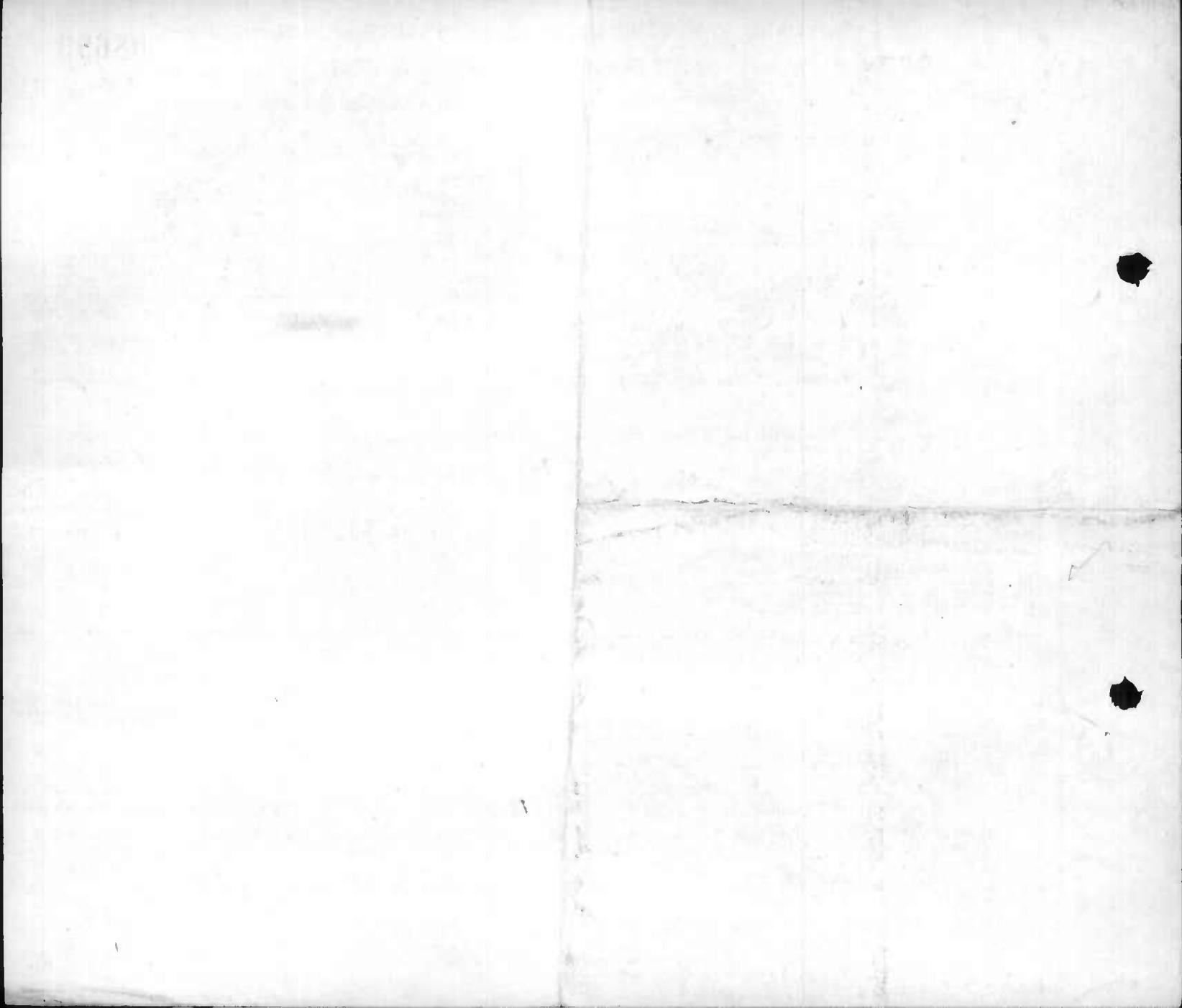
08693
131

8678

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY	MARYLAND	STATE	MARYLAND	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY	
TOWN	35 YEARS	TOWN	FREDERICK	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)			
506 W. 2ND STREET	506 W. 2ND STREET			
3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE (Month) (Day) (Year) OF DEATH: Sept 19 1955			
(Type or Print)	HARRY	MORTON	Kessler	
5. SEX: M	S. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: Oct 25, 1909	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Clothing	11. BIRTHPLACE (State or foreign country): Russia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: HARRY KESSLER	14. MOTHER'S MAIDEN NAME: STELLA COHEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: FREDERICK, MD. MRS. KAY KESSLER - 506 W. 2ND STREET	Interval Between Onset And Death	
18. MEDICAL CERTIFICATION				
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
150X Immediate cause (a) Carcinoma of esophagus DUE TO				
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO				
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION: May 28, 1955	19b. MAJOR FINDINGS OF OPERATION Carcinoma of esophagus	20. AUTOPSY ? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from July 18, 1955, to Sept 19, 1955, that I last saw the deceased alive on Sept 19, 1955, and that death occurred at 9:30 A.M., from the causes and on the date stated above.				
SIGNATURE (Degree or title)		ADDRESS DATE SIGNED		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State) REMOVAL (Specify) BURIAL SEPT. 21/55. BOAI ISRAEL BALTIMORE, MARYLAND				
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
9-30-55 H.W. Frederick		Solomonson & Sons, Inc. 124-26 N. North		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08694

8710

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) Camp Detrick - nr. Frederick	
3. NAME OF DECEASED (Type or Print)	(First) CAROLINE	(Middle) SOMMER	(Last) KRICHBAUM
4. SEX Female	5. COLOR OR RACE White	6. SINGLED, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	7. DATE OF BIRTH June 12, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	8. AGE last birthday 90 yrs.
13. FATHER'S NAME Carl Sommer		11. BIRTHPLACE (State or foreign country) Indiana	9. IF under 1 year Months Days Hours Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT Dr. Carroll E. Krichbaum - Camp Detrick		Frederick, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 902.0		(a) <i>Facture left leg</i>	
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(c) <i>Other abdominal calcifications, primary ulceration</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg. etc.) INJURY <i>Home</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 27 '55 2 A.M.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <i>Fell out of bed</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from 9/27, 1955, to 9/28, 1955, that I last saw the deceased alive on 9/28, 1955, and that death occurred at 8:40 A.M., from the causes and on the date stated above.		DATE SIGNED 9/28/55	
SIGNATURE <i>Robert H. Pilgram, M.D. of Frederick, Md.</i>		ADDRESS	
23. BURIAL, CREMATION REMOVAL (Specify) Cremation		DATE Sept. 30, 1955	
DATE REC'D BY LOCAL REG. 30 Sept. 1955		NAME OF CEMETERY OR CREMATORIAL J. William Lee's Sons Co.	
REGISTRAR'S SIGNATURE <i>Elizabeth L. Heck.</i>		LOCATION (City, town, or county) Washington, D. C.	
24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland		ADDRESS	

BUREAU V. S

OCT 3 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

08695

8679

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED: CITY OR TOWN STREET ADDRESS	
COUNTY Frederick		STATE Maryland	
MARYLAND		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		LENGTH OF STAY (In this place) Years	
69 Frederick Memorial Hospital		62 Taney Apts.	
3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) RAY	(Last) LONG
4. DATE OF DEATH	(Month) September	(Day) 15,	(Year) 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) Married	8. DATE OF BIRTH
Male	White	Nov. 16, 1925	9. AGE last birthday 29 yrs.
10a. BUSINESS OR INDUSTRY done during most of working life, even if retired) Lab. Tech.		10b. KIND OF BUSINESS OR INDUSTRY Army Chem. Post	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John R. Long, Sr.		14. MOTHER'S MAIDEN NAME Violet Ray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WWII 219-07-2128	
17. INFORMANT AND ADDRESS Mrs. Deloris F. Long, Frederick, Maryland		18. MEDICAL CERTIFICATION	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(a) Bullet wound right side of skull and back of ear-		INTERVAL BETWEEN ONSET AND DEATH	
21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . SIGNATURE B. Thomas (Degree or title) ADDRESS		DATE SIGNED 9/16/1955	
23. BURIAL, CREMATION (Specify) Burial		DATE THEREOF Sept. 18, 1955	
NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REG. 17 Sept. 1955		REG. NUMBER Elinor L. Heub	
REG. NUMBER Elinor L. Heub		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S.

SEP 20 1955

RECEIVED

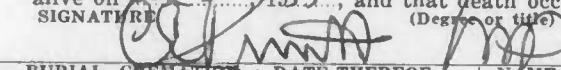
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08696

8711

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <input checked="" type="checkbox"/> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND CITY (If outside corporate limits, write RURAL or OR and give nearest town) TOWN Buckeystown	LENGTH OF STAY (in this place) Life	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown		
08			COUNTY STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED: (Type or Print)	(First) Blanche	(Middle) M.	(Last) Mahoney		
4. DATE OF DEATH:	(Month) 9	(Day) 24	(Year) 1955		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH: 6-24-1870		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland		
13. FATHER'S NAME: John D. Ahalt		14. MOTHER'S MAIDEN NAME: Harriet Janett Willard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: —	17. INFORMANT & ADDRESS: Mrs C W Miller, Knoxville Md.		
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 794X Immediate cause (a) Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) stating the underlying cause last. DUE TO (c) Sensitivity					
Interval Between Onset And Death 5 yrs.					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) 1955	(Hour) While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from 5-23-1955, to 9-24-1955, that I last saw the deceased alive on 9-23-1955, and that death occurred at 4:30 p.m. from the causes and on the date stated above. SIGNATURE  (Degree or title) MD				ADDRESS	DATE SIGNED 9-26-55
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 9-27-55	NAME OF CEMETERY OR CREMATORIUM Union	LOCATION (City, town, or county) Buckeystown	(State) Md.
DATE REC'D BY LOCAL REGISTRAR 30 Sept. 1955	REGISTRAR'S SIGNATURE Elizabeth B. Heck.	24. FUNERAL DIRECTOR G.H. Teller		ADDRESS Brumwick Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

OCT 3 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08697

8680

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <i>Frederick</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>MD</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural - Woodbine</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>69 Frederick Mem</i>		STREET ADDRESS <i>Daisy</i>	
3. NAME OF DECEASED: (Type or Print) <i>IRENE E. MARTIN</i>		4. DATE (Month) (Day) (Year) OF DEATH: <i>Sept 20, 1955</i>	
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>Single</i>		8. DATE OF BIRTH: <i>11-11-1873</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) <i>housework</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>home</i>	
13. FATHER'S NAME: <i>Henox Martin</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.: <i>None</i>	
17. INFORMANT & ADDRESS: <i>Hospital Records</i>		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>463X</i> IMMEDIATE CAUSE <i>Pneumonia</i> <i>Emphysema</i> ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>9040</i> (A) DUE TO <i>Pleuro Pneumonia - leg-left</i> (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Fracture Neck of Femur - left</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>	
19A. DATE OF OPERATION: <i>Sept 19, 1955</i>		19B. MAJOR FINDINGS OF OPERATION <i>Fracture Neck of Femur</i>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.) <i>Home</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Sept 13 1955 P.M.</i>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>Sept 13, 1955</i> , to <i>Sept 20, 1955</i> , that I last saw the deceased alive on <i>Sept 20, 1955</i> , and that death occurred at <i>6:10 AM</i> , from the causes and on the date stated above. SIGNATURE <i>John M. Culler</i>		21F. HOW DID INJURY OCCUR? <i>Fall at home</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>BURIAL</i>		DATE THEREOF <i>9-22-1955</i> NAME OF CEMETERY OR CREMATORIUM <i>Mt. Carmel</i> LOCATION (City, town, or county) (State) <i>Montgomery Co. Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>22 Sept 1955</i>		REGISTRAR'S SIGNATURE <i>Frank A. Smith Jr.</i> ADDRESS <i>Dr. M. Waltz, Winfield, Md.</i>	
24. FUNERAL DIRECTOR			

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V.E.
SEP 26 1953
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08698

8712

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Cullen, Maryland.

10 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

04 Victor Cullen State Hosp.

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

Isaac Holland Martin

5. SEX:
Male6. COLOR OR
RACE:

White

7. SINGLE MARRIED
 MARRIED DIVORCED WIDOWED SPECIFIED

8. DATE OF BIRTH:

11/15/1890

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)10B. KIND OF BUSINESS
OR INDUSTRY:

Electrical

Electric lineman

13. FATHER'S NAME:

Daniel Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

15. SOCIAL SECURITY NO.

None

16. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE

(A) Pulmonary tuberculosis
DUE TO

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH

3 months

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30/1955, to 9/9/1955, that I last saw the deceased alive on 9/9/1955, and that death occurred at 4:15 PM, from the causes and on the date stated above.
 SIGNATURE *J. B. Cullen* ADDRESS DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL, ETC.

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REG'D BY LOCAL
REGISTRAR

9/9/55

REGISTRAR'S SIGNATURE

J. B. Cullen

24. FUNERAL DIRECTOR

Rest Haven Funeral Chapel, Inc.
1601 Penn. Ave., Hagerstown, Md.

BUREAU V. S.

SEP 19 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08699

8691

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		If outside corporate limits, write RURAL and give nearest town) Frederick - Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital		STREET ADDRESS Montevue	
3. NAME OF DECEASED: (Type or Print) VALENTINE E. McCLEERY		4. DATE (Month) (Day) (Year) OF DEATH: September 26, 1955	
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. Single		8. DATE OF BIRTH: Sept. 14, 1888	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10B. KIND OF BUSINESS OR INDUSTRY: Maryland	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Perry B. McCleery		14. MOTHER'S MAIDEN NAME: Jane E. Doub	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mr. Edward D. Storm, Frederick, Maryland		18. MEDICAL CERTIFICATION 422.2 IMMEDIATE CAUSE Acute myocarditis DUE TO None ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO (C)	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from , 1955, to , 1955, that I last saw the deceased alive on Sept. 25, 1955 , and that death occurred at 5:30 P.M. from the causes and on the date stated above. ADDRESS Signature		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DATE SIGNED 9/28/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Sept. 29, 1955	
NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR Sept. 29, 1955		REGISTRAR'S SIGNATURE Elizabeth B. Herk.	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

OCT 3 1955

RECEIVED

8713

CERTIFICATE OF DEATH

Reg. Dist. No. 139.....

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cullen

LENGTH OF STAY
(in this place)

126 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS 04 Victor Cullen State Hospital3. NAME OF
DECEASED:
(Type or Print)(First)
Ethel(Middle)
Knott(Last)
Mercier4. SEX:
Female6. COLOR OR
RACE:
White7. SINGLED, MARRIED,
WIDOWED, DIVORCED.
(Specify):
Housewife8. DATE OF BIRTH:
Aug. 31, 18859. AGE last birthday
70 yrs.

4. DATE (Month) (Day) (Year)

OF DEATH: Sept. 9,

1955

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Housewife10B. KIND OF BUSINESS
OR INDUSTRY:
Housewife11. BIRTHPLACE (State or foreign country):
Maryland12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

David V. Knott

14. MOTHER'S MAIDEN NAME:

Frances Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

15. SOCIAL SECURITY NO.
218-34-3643

17. INFORMANT & ADDRESS:

Patient at above address.

16. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

IMMEDIATE CAUSE

(A)
DUE TO

Carcinoma of ovary

INTERVAL BETWEEN
ONSET AND DEATH

4 months.

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis

6 months.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from May 6, 1955, to Sept. 9, 1955 that I last saw the deceased
alive on Sept. 9, 1955, and that death occurred at 7:00 A.M. from the causes and on the date stated above.
SIGNATURE Edward P. Ritchey M.D. Cullen, Maryland September 9, 1955
A.M. ADDRESS DATE SIGNED23. BURIAL, CREMATION,
REMOVAL
(SPECIFY)
BurialDATE THEREOF
9-12-55

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

Mt. Olivet Cem.

Frederick, Md.

DATE REC'D BY LOCAL
REGISTRAR 9/9/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

RECEIVED
BUREAU V. S.

SEP 13 1955

8682

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick-Rural RD#5		LENGTH OF STAY (in this place) Since 11/26/49	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Montevue		STREET ADDRESS 106 East Street (If rural give location)	
3. NAME OF DECEASED: (Type or Print) WILLIAM HENRY MILLBERRY		4. DATE (Month) (Day) (Year) OF DEATH: September 22, 1955	
5. SEX: Male 6. COLOR OR RACE: Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	
8. DATE OF BIRTH: 24 May 1870		9. AGE last birthday IF UNDER 1 YEAR 85 yrs. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Coal Company	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Wesley Millberry		14. MOTHER'S MAIDEN NAME: Rachel Gaylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 220-09-7045A	
17. INFORMANT & ADDRESS: Mrs. Alice Killgo, McKeesport 4, Pa.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 3 yrs.	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>H22.1</i> IMMEDIATE CAUSE <i>Arterio myocadetes</i> ANTECEDENT CAUSE (S) <i>Arteris scleroris</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from , 1952, to <i>Sept 6</i> , 1955, that I last saw the deceased alive on <i>Sept 6</i> , 1955, and that death occurred at 8:05A M, from the causes and on the date stated above. SIGNATURE <i>A. J. Etchison</i> ADDRESS DATE SIGNED M. D. Frederick, Maryland 23 Sept 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 26 Sept 1955 NAME OF CEMETERY OR CREMATORIUM Fairview Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 24 Sept		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S.

SEP 26 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08702

8683

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY **Frederick** MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
Frederick Months
 HOSPITAL OR STREET ADDRESS **411 Lee Place**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Frederick**
 CITY (If outside corporate limits, write RURAL and give nearest town)
Frederick
 STREET ADDRESS **27 East Fifth Street**

3. NAME OF (First) (Middle) (Last)
 DECEASED: (Type or Print) **CHARLES RUSSELL MILLER**

4. DATE (Month) (Day) (Year)
 OF DEATH: **September 27, 1955**

5. SEX: **Male** 6. COLOR OR **White** 7. SINGLE, MARRIED, RACE: **Married** 8. DATE OF BIRTH:
 WIDOWED, DIVORCED, (Specify): **November 16, 1880** 9. AGE last birthday **75** IF UNDER 1 YEAR
 yrs. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Night Watchman**

10B. KIND OF BUSINESS OR INDUSTRY: **Brick Works**

11. BIRTHPLACE (State or foreign country): **Maryland** 12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME:

Charles W. Miller

14. MOTHER'S MAIDEN NAME:

Charlotte Sheffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **214-10-2831**

17. INFORMANT & ADDRESS: **27 E. 5th St., Mrs. Mollie D. Miller, Frederick, Maryland**

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A) DUE TO

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

3 months

ANTECEDENT CAUSE (S)

(B) DUE TO

Arteriosclerotic Heart Disease

2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

Hypertensive Cardiovascular Disease

2 years

Pulmonary Embolism

1 month

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 1, 1955**, to **Sept. 27, 1955**, that I last saw the deceased

alive on **27 Sept., 1955**, and that death occurred at **7:50 A.M.** from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

9/28/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

29 Sept. 1955

Elizabeth S. Heck

M. R. Etchison & Son, Frederick, Maryland

RECEIVED
FEBRUARY 1955

SEP 30 1955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08703

8624

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Frederick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 <i>Frederick Memorial Hospital</i>		STREET ADDRESS <i>Dark Place</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>James</i>	(Middle) <i>Nelson</i>	4. DATE OF DEATH <i>Sept. 23 1955</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 23, 1905</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE last birthday If under 1 year <i>50?</i> Months <i>yr.</i>
13. FATHER'S NAME <i>Unknown</i>		11. BIRTHPLACE (State or foreign country) <i>Georgia</i>	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yea, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT AND ADDRESS		12. CITIZEN OF WHAT COUNTRY? <i>-</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

880
Immediate cause

(a) *Poisoning rubber seal*

INTERVAL BETWEEN
ONSET AND DEATH

5 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Name, firm, factory, street, of office bldg., etc.) INJURY <i>Home</i>	(CITY OR TOWN) <i>Frederick</i>	(COUNTY) <i>Frederick</i>	(STATE) <i>Md.</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>9/27/55</i>	NAME OF CEMETERY OR CREMATORIAL <i>University of Md.</i>	LOCATION (City, town, or county) <i>Baltimore - Md.</i>	(State)
DATE REC'D BY LOCAL REG.	REGISTER'S SIGNATURE <i>Elizabeth S. Heels</i>	24. FUNERAL DIRECTOR ADDRESS <i>Charles E. Hicks III Fred. Md.</i>		
<i>27 Sept. 1955</i>				

BUREAU V.

SEP 28 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08704

8685

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
Frederick, Maryland 2 weeks

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
69 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll
 (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Mt. Airy, Maryland 068-2
 STREET ADDRESS Main St.

3. NAME OF
DECEASED: (First) (Middle) (Last)(Type or Print) Norma E Nicodemus4. DATE (Month) (Day) (Year)
OF DEATH: September 6 1955

5. SEX:

Female6. COLOR OR
RACE: white 7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married

8. DATE OF BIRTH:

7-17-839. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.72yrs.10a. USUAL OCCUPATION. Give kind of
work done during most of working life,
even if retired: Housewife10b. KIND OF BUSINESS OR
INDUSTRY: Own Home11. BIRTHPLACE (State or foreign country): Maryland12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

Francis Engle

14. MOTHER'S MAIDEN NAME:

Ida M. Lewis15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.:

None

17. INFORMANT & ADDRESS:

Mr. M. L. Nicodemus, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

172X
Immediate causeInterval Between
Onset And Death
5 years(a) Carcinoma of Uterus

DUE TO

Antecedent causes(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.

(b)

DUE TO

metastasis to Bladder and Rectum

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

Jan. 1951Carcinoma of Body of Uterus

20. AUTOPSY?

Yes No

21. ACCIDENT

(Specify)

SUICIDE

HOMICIDE

PLACE (Home, farm/factory, street,
of office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month)

(Day)

(Year)

(Hour)

INJURY OCCURRED

While at

Not While

Work At Work

HOW DID INJURY OCCUR?

OF

INJURY

m.

RECEIVED
BUREAU V. S.

SEP 13 1965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08705

8714

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Adamstown

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSLENGTH OF STAY
(in this place)3. NAME OF
DECEASED:
(Type or Print)

(First) LEWIS

(Middle) EDWARD

(Last) OGLE

5. SEX:

Male

6. COLOR OR
RACE:

White

7. MARRIED,
WIDOWED, DIVORCED,
(Specify): Widower

8. DATE OF BIRTH:

October 31, 1886

9. AGE last birthday

68

yrs.

IF UNDER 1 YEAR
Months Days Hours Mins.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Retired Station Agent-B.&O.R.R.

10B. KIND OF BUSINESS
OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

John H. Ogle

14. MOTHER'S MAIDEN NAME:

Rebecca Medairy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) Yes (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mrs. Mary Scarff, Adamstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)
DUE TO

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

minutes

ANTECEDENT CAUSE (S)

(B)
DUE TOHypertension - arteriosclerosis heart
disease

years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21c. WHERE DID (City or town)
INJURY OCCUR? (County) (State)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

While Not while
at work at work 22. I hereby certify that I attended the deceased from March, 1957, to 9/10, 1955, that I last saw the deceased
alive on 6/18, 1955, and that death occurred at 10:00PM, from the causes and on the date stated above.
SIGNATURE

ADDRESS DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

Sept. 13, 1955

Mount Olivet Cemetery

Frederick, Maryland

DATE REC'D BY LOCAL
REGISTRAR Sept. 13, 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

BUREAU V. S.

SEP 16 1955

RECEIVED

8715

CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Rural - Nr. Frederick LENGTH OF STAY (in this place) 2 years		STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural - Nr. Frederick STREET ADDRESS (If rural give location) R. F. D. # 4	
3. NAME OF DECEASED: (First) BESSIE (Middle) SHAW (Last) ROBERTS (Type or Print)		4. DATE OF DEATH: September 19 1955	
5. SEX: Female S. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: October 3, 1886		9. AGE last birthday: If UNDER 1 YEAR yrs. Months Days Hours Min. 68	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own home	
11. BIRTHPLACE (State or foreign country): New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Orson Shaw		14. MOTHER'S MAIDEN NAME: Mary Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: None 17. INFORMANT & ADDRESS: Mr. Morris W. Roberts - Rt. 4 - Frederick, Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) ... Cerebral hemorrhage Antecedent causes (s) (b) ... Broncho-pneumonia Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (c) ... DUE TO DUE TO			
Interval Between Onset And Death 21 days 7 days.			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from July 15, 1953, to Sept. 19, 1955, that I last saw the deceased alive on Sept. 18, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Bernard O. Thomas, Jr., M.D. Frederick, Md. Sept. 20, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State) Sept. 21, 1955 Mount Olivet Cemetery Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Frank P. Smith, Jr. C. E. Cline & Son - Frederick, Maryland	
20 Sept 1955		DEPUTY LOCAL REGISTRAR	

BUREAU V. S.

SEP 23 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08707

8686

CERTIFICATE OF DEATH

Reg. Dist. No. 131

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Frederick Frederick Frederick Memorial Hospital	STATE CITY TOWN STREET ADDRESS	MARYLAND (If outside corporate limits, write RURAL and give nearest town) Frederick (If rural give location)	
3. NAME OF DECEASED: (Type or Print)	(First) NETTIE (Middle) HENRIETTA (Last) ROUGHAN	4. DATE (Month) OF DEATH:	(Day) (Year) September 19, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July 30, 1894	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if any, if not, specify): Asst. Treas. & Director	10B. KIND OF BUSINESS OR INDUSTRY: Electric Corp.	9. AGE last birthday 61 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.	
13. FATHER'S NAME: Edward Dubry	11. BIRTHPLACE (State or foreign country): Ohio	12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. 215-26-2112	17. INFORMANT & ADDRESS: Lawrence V. Roughan, Frederick, Maryland	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE Antecedent Cause (s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INTERVAL BETWEEN ONSET AND DEATH 4 days 10 years
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1948, to 9/19, 1955, that I last saw the deceased alive on 18 Sept., 1955, and that death occurred at 4:15 A.M. from the causes and on the date stated above. SIGNATURE Charles K. Conley, M.D.				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Sept. 22, 1955	NAMES OF CEMETERY OR CREMATORIES Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 20 Sept 1955	REGISTRAR'S SIGNATURE Frank R. Smith, Jr.	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		
DEPUTY LOCAL REGISTRAR				

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

SEP 21 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08708

8697

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY
 TOWN Brunswick (in this place) 2 weeks
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 West St

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pa COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Shannondale STREET ADDRESS 386 N Street
 (If rural, give location) 75X-3

3. NAME OF DECEASED: (First) (Middle) (Last)

Metta E. Sewell

4. DATE OF DEATH: (Month) (Day) (Year)
9 44 1955

5. SEX: 6. COLOR OR RACE:

Female White

7. SINGLE, MARRIED, WIDOWED, DIVORCED,
Widowed

8. DATE OF BIRTH: 2-14-1876

9. AGE last birthday: IF UNDER 1 YEAR
79 Months Days Hours Min.
 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Home

11. BIRTHPLACE (State or foreign country):

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Unknown

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS:

Mrs. M. Sewell Shannondale Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.4

Immediate cause

(a) DUE TO

Vascular Disease Arteriosclerosis Arteritis

INTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

(b) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

Yes No

DATE SIGNER

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
 OF INJURY M. While at Not while
 INJURY work at work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1955, to Sept 13, 1955, that I last saw the deceased alive on Sept 13, 1955, and that death occurred at 13 1/2 m., from the causes and on the date stated above.

SIGNATURE

DEGREE OR TITLE

ADDRESS DATE SIGNER

23. BURIAL, CREMATION OR REMOVAL (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial 9-7-55 Loudon Park Baltimore Maryland

DATE RECD BY LOCAL REG.

REG. DATE SIGNER FUNERAL DIRECTOR ADDRESS

Sept 4-55 Kathryn H. Brown C. H. Leeks & Son Brunswick Md.

RECEIVED
BUREAU V. S.

SEP 13 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08709
1445

8716

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland Frederick COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Rural-Myersville LENGTH OF STAY (in this place)		TOWN Myersville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland		STREET ADDRESS (If rural give location)	
STREET ADDRESS Myersville, Rt. #1			
3. NAME OF DECEASED: (First) WILLIAM (Middle) STARTZMAN (Last) SHEPLEY		4. DATE OF DEATH: September 17 ¹⁹ 55	
5. SEX: Male COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH: June 19, 1871 84	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming	
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frederick Shepley		14. MOTHER'S MAIDEN NAME: Cynthia Pryor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.: none	
(If Yes, give war or dates of service) none		17. INFORMANT & ADDRESS: Mrs. E.R. Eccard, Myersville, Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1 Coronary Occlusion</i> Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) DUE TO stating the underlying cause last. (c) DUE TO <i>Arterio Sclerotic</i>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 17, 1955, to Sept. 17, 1955, that I last saw the deceased alive on Sept. 17, 1955, and that death occurred at 11:10 A.M. from the causes and on the date stated above. SIGNATURE <i>J. E. Harp, Md.</i> ADDRESS <i>Middleton</i> DATE SIGNED <i>Sept. 17 55</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State) Sept. 20, 1955 St. Paul's Luth. Myersville, Fred. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR Sept. 20, 1955		REGISTRAR'S SIGNATURE <i>Joyce M. Bittle</i> 24. FUNERAL DIRECTOR ADDRESS <i>Paul F. Bittle, Myersville, Md.</i>	

RECEIVED
BUREAU V. S.

SEP 22 1955

8698

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>TOWN</u> <u>Brunswick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>110 "A" Street</u>		MARYLAND LENGTH OF STAY (in this place) <u>10 years</u> STATE <u>Md</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Brunswick</u> STREET ADDRESS <u>110 "A" Street</u> <small>(If rural, give location)</small>	
3. NAME OF DECEASED: (First) <u>Williams Franklin</u> (Middle) <u>Sheppard</u> (Last)		4. DATE OF DEATH: (Month) (Day) (Year) <u>9 5 1955</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>white</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u> <u>Specify</u>		8. DATE OF BIRTH: <u>7-7-1869</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. BIRTHPLACE (State or foreign country): <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY?:	
13. FATHER'S NAME: <u>Williams Sheppard</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Susan Myers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		16. SOCIAL SECURITY NO.: <u>578-14-7378A</u>	
17. INFORMANT & ADDRESS: <u>Mr. W. J. Sheppard, Brunswick Md</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>420.1</u> Immediate cause (a) DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stated underlying cause last (c) DUE TO Sudden			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> M. at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... a.m., from the causes and on the date stated above. SIGNATURE <u>John Smith</u> (DECREE OR TITLE) ADDRESS <u>110 Brunswick, Md.</u> DATE SIGNED <u>9-5-55</u>			
23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>9-7-55</u> NAME OF CEMETERY OR CREMATORIAL <u>Elkridge</u> LOCATION (City, town, or county) (State) <u>Marshall Virginia</u>	
DATE REC'D BY LOCAL REG. <u>Sept 6 - 55</u>		REGISTRAR'S SIGNATURE <u>Kathryn N. Brown</u> FUNERAL DIRECTOR <u>C. H. Fulton</u> ADDRESS <u>Brunswick Md.</u>	

BUREAU V. S.

SEP 18 1955

RECEIVED

8717

08711

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 145-

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN RuralLENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESSHighway - Route 40 West3. NAME OF
DECEASED:
(Type or Print)(First) Charles (Middle) E

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY FrederickCITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN FrederickSTREET
ADDRESS

(If rural, give location)

125 W. Church St.4. DATE
OF
DEATH(Month) Sept. (Day) 23 (Year) 19555. SEX: 6. COLOR OR
RACE:m w7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):SINGLE

8. DATE OF BIRTH:

2-26-1921

9. AGE last birthday: IF UNDER 1 YEAR

34 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):Day Work10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland12. CITIZEN OF WHAT
COUNTRY?U.S.A.

13. FATHER'S NAME:

Harry A. Shilling

14. MOTHER'S MAIDEN NAME:

Bessie May Fogle15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:
(Yes, no, or unk.) (If Yes, give war or dates of
service)yes WW II 214-10-4457

17. INFORMANT & ADDRESS:

Mrs. Bessie M. Shilling - Hagerstown - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

816X
Immediate cause

(a) DUE TO

Broken neck, crushed bones

Antecedent cause(s)

rt side of face, crushed leftDiseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause lastSide of chest from just to(c) right ribINTERVAL BETWEEN
ONSET AND DEATHInstantaneousII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY Highway)21c. (City or town) Route 40 (County) Frederick (State) Md.21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY Sept. 23-55 9:15 A.M.21e. INJURY OCCURRED
While at Not while
work at work 21f. HOW DID INJURY OCCUR?
Auto ran into back truck & trailer22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE Bob RossmanCHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (Specify):23. BURIAL, CREMATION,
REMOVAL (Specify): Burial DATE THEREOF 9-26-55 NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery LOCATION (City, town, or county) (State) Frederick - Md.DATE REC'D BY LOCAL
REG.DATE REC'D BY LOCAL
REG. 25 Sept. 1955REGISTRAR'S SIGNATURE Doy M. Bittle 24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick - Md. ADDRESS

BUREAU Y
RECEIVED

SEP 28 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18712

8687

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY	Frederick	MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)	Frederick	LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	69 Frederick Memorial Hospital	

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Frederick	(If rural give location)	
STREET ADDRESS	321 South Market Street		

3. NAME OF (First) (Middle) (Last)

DECEASED: (Type or Print)	CORA	DELIAH	SHULL
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SEX:	6. COLOR OR RACE:	7. S ^H E ^A LL, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
------	----------------------	---	-------------------

Female	White	Married	Sept. 9, 1880
--------	-------	---------	---------------

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:
---	---------------------------------------

Housewife	Home
-----------	------

13. FATHER'S NAME:	Charles M. Little
--------------------	-------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.
---	-------------------------

No	None
----	------

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE	(A) DUE TO
--------------------------	------------

ANTECEDENT CAUSE (S)	(B) DUE TO
----------------------	------------

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C)
---	-----

260X	<i>Arteriosclerotic Heart Disease</i>
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

260X	<i>Diabetes mellitus</i>
------	--------------------------

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/>	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?
---	---	--

OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
---	--	--

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
--	--	----------------------------

M.		
----	--	--

22. I hereby certify that I attended the deceased from Aug 31, 1955, to Sept 1, 1955, that I last saw the deceased alive on Sept 1, 1955, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE

<i>A. A. Scarre</i>

M. D.

Frederick, Maryland

9/1/1955

LOCATION (City, town, or county)

Frederick, Maryland

(State)

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE
----------------------------------	-----------------------

2 Sept. 1955	<i>Elizabeth S. Heck</i>
--------------	--------------------------

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

ADDRESS

RECEIVED
BUREAU V. S.

SEP 7 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08713

Reg. Dist. No. 131

CERTIFICATE OF DEATH

8628

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY
 Frederick Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

3. NAME OF DECEASED: (First) (Middle) (Last)

4. DATE (Month) (Day) (Year)
 5. SEX: 6. COLOR OR 7. SINGLED, MARRIED, 8. DATE OF BIRTH:
 RACE: WIDOWED, DIVORCED.
 Male White (Specify): Married March 16, 1878

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY:
 Retired Sales Manager Coal Company

13. FATHER'S NAME:

John E. Sifford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 219-07-1900

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A) DUE TO

Arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

1 year

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

Arteriosclerosis

(C)

Chronic nephritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Sept. 3, 1955, that I last saw the deceased alive on Sept. 3, 1955, and that death occurred at 7:05 P.M. from the causes and on the date stated above.
 SIGNATURE A. J. Deane ADDRESS DATE SIGNED 9/6/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE REC'D BY LOCAL REGISTRAR

6 Sept. 1955

DATE THEREOF

REGISTRAR'S SIGNATURE

Elizabeth L. Heck

NAME OF CEMETERY OR CREMATORIUM

Mount Olivet Cemetery

Frederick, Maryland

ADDRESS

LOCATION (City, town, or county)

Frederick, Maryland

ADDRESS

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

BUREAU V. S.

SEP 7 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

08714

8718

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.... 131

WC

1. PLACE OF DEATH COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>		COUNTY <i>Frederick</i>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Frederick</i>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Frederick</i>		STREET ADDRESS <i>6. 4th St. E. Ext.</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick County Chronic Hospital</i>								
3. NAME OF DECEASED (Type or Print) <i>Dorothy</i>		(First) <i>D</i> (Middle) <i>O</i> (Last) <i>R</i>		4. DATE OF DEATH <i>September 20,</i>		(Month) <i>September</i> (Day) <i>20</i> (Year) <i>1955</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i>		8. DATE OF BIRTH <i>MAY 26-1906</i>	9. AGE last birthday yrs. <i>49</i>	If under 1 year Months. <i>0</i>	If under 24 hrs. Days <i>0</i>	If under 24 hrs. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13. FATHER'S NAME <i>George J. Strauder</i>		14. MOTHER'S MAIDEN NAME <i>Martha Murdock</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		
						17. INFORMANT <i>John T. Strauder</i>		

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH*422.2*
Immediate cause

(a)

Classic myocarditis
*Pulmonary Edema*INTERVAL BETWEEN
ONSET AND DEATH*3 yr.**5 days*

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-------------------------------------	-----------	---	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from....., 1952, to....., 1955, that I last saw the deceased

alive on *9-20*, 1955, and that death occurred at *6:25 p.m.*, from the causes and on the date stated above.SIGNATURE *H. Klein M.D.*ADDRESS *Frederick Md.*DATE SIGNED *Sept 22, 1955*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>Sept 22-55</i>	NAME OF CEMETERY OR CREMATORIAL <i>FAIRVIEW</i>	LOCATION (City, town, or county) <i>Frederick - Md.</i>	(State) <i>Md.</i>
--	------------------------	---	---	--------------------

DATE RECD BY LOCAL REG. <i>Sept. 22, 1955</i>	REGISTRAR'S SIGNATURE <i>Frank R. Smith Jr.</i>	24. FUNERAL DIRECTOR <i>Charles E. Hicks II</i>	ADDRESS <i>Fred Md.</i>
--	---	---	-------------------------

RECEIVED
FEB 26 1955
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08715

8689

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Frederick

52 Years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

669 Frederick Memorial Hospital

3. NAME OF
DECEASED:
(Type or Print)

(First) CLARENCE

(Middle) LAMOTTE

(Last) STRINE

5. SEX: Male

6. COLOR OR
RACE: White7. SINGLED, MARRIED,
WIDOWED, DIVORCED.
(Specify): Widower10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)

Mail Messenger

13. FATHER'S NAME:

Francis T. Strine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

147 West South Street

Mrs. Harry B. Grove, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0
IMMEDIATE CAUSE(A)
DUE TO

Arteria

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

Acute Pectoral Arthritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Arteriovenous Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

4 weeks

1 year

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1955, to Oct. 1, 1955, that I last saw the deceased

alive on Oct. 1, 1955, and that death occurred at 2:20 A.M. from the causes and on the date stated above.
ADDRESS DATE SIGNED

Signature

M. D. Frederick, Maryland

10/1/1955

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

Oct. 1, 1955

NAME OF CEMETERY OR CREMATORIUM

Mount Hope Cemetery

LOCATION (City, town, or county) (State)

Woodsboro, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1 October 1955 Elizabeth G. Heck

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

BUREAU Y. S.

OCT 4 1965

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08716

8690

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND CITY (if outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick LENGTH OF STAY (in this place) Years		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick STREET ADDRESS (If rural give location) 10 West Fifth Street	
3. NAME OF DECEASED: (First) MARY (Middle) EDNA (Last) SWEENEY		4. DATE (Month) (Day) (Year) OF DEATH: September 23, 1955	
5. SEX: Female RACE: White 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 8. DATE OF BIRTH: 8 Oct 1887 9. AGE last birthday IF UNDER 1 YEAR 67 yrs. Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work 11. KIN OF BUSINESS OR INDUSTRY: At Home 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Speaks		14. MOTHER'S MAIDEN NAME: Mary Elizabeth Sweeney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: 10 W. 5th St., Stanley C. Sweeney, Frederick, Maryland		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE 151X (A) DUE TO Carcinoma of Stomach 1 year ANTECEDENT CAUSE (S) (B) DUE TO Arteriosclerotic Heart Disease 3 years DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260x (C) DUE TO Diabetes Mellitus 10 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DIO (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While at work Not while at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1955, to Sept. 23, 1955, that I last saw the deceased alive on 23 Sept. 1955, and that death occurred at 6:50 P.M., from the causes and on the date stated above. SIGNATURE Thomas E. Sweeny ADDRESS DATE SIGNED 9-23-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 26 Sept 1955 NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, Maryland (State)	
DATE REC'D BY LOCAL REGISTRAR 24 Sept 1955		REGISTRAR'S SIGNATURE Frank R. Smith, Jr. 24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. 2

SEP 26 1955

RECEIVED

8699

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY 35	Frederick	MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 35
TOWN Brunswick		55 yrs	TOWN Brunswick
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3 Second Ave		3 Second Ave.	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:	
(First) George Franklin Taylor		(Month) (Day) (Year) 9-16 1955	
(Middle)		(Last)	
5. SEX: male		6. COLOR OR RACE: white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Sep. 1955		8. DATE OF BIRTH: 7-16-1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10b. KIND OF BUSINESS OR INDUSTRY: 13+ WRRG	
10c. CITY: Maryland		11. BIRTHPLACE (State or foreign country): Maryland	
13. FATHER'S NAME: David F. Taylor		14. MOTHER'S MAIDEN NAME: Reatha Leota Allen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: 705-10-2726	
17. INFORMANT & ADDRESS: McDonald Taylor Brunswick Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 593X Immediate cause (a)..... Antecedent cause(s) (b)..... Disenses or conditions, if any, giving rise to the above cause stating underlying cause last (c).....		DUE TO Virginia Baptist Divine 5 days 5 yrs.	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
M.			
22. I hereby certify that I attended the deceased from 9-15-1955, to 9-16-1955, that I last saw the deceased alive on 9-16-1955, and that death occurred at 8:10 p.m., from the causes and on the date stated above. SIGNATURE (DEGREE OF TITLE) ADDRESS DATE SIGNED		Baltimore Md 9-17-55	
23. BURIAL, CREMATION REMOVAL (Specify): Burial		DATE THEREOF 9-19-55	NAME OF CEMETERY OR CREMATORIAL Samples Man
DATE RECD BY LOCAL REG.		REGISTRAR'S SIGNATURE Sept 17-55 Kathryn N. Brown	LOCATION (City, town, or county) (State) Samples Man Md.
24. FUNERAL DIRECTOR C. H. Gads & Son Brunswick Md.		ADDRESS	

BUREAU V.

SEP 20 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8692

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08718

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick, MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town) LENGTH OF STAY
 11 Frederick 1 day
 69 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Fred. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Fred.
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Rural Middletown (If rural give location)
 STREET ADDRESS /

3. NAME OF (First) (Middle) (Last)

4. DATE (Month) (Day) (Year)
 OF DEATH: 9 13 1955

DECEASED:

(Type or Print)

EarlT.Tritapoe

5. SEX:

male

6. COLOR OR RACE:

white

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED.
 (Specify):

single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

unemployed

13. FATHER'S NAME:

Samuel Tritapoe

16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)

no

10B. KIND OF BUSINESS OR INDUSTRY:

none

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

17. INFORMANT & ADDRESS:

Mrs. Vera Poffenberger, Middletown, Md.

14. MOTHER'S MAIDEN NAME:

Lizzie Daniel

15. SOCIAL SECURITY NO.

none

18. MEDICAL CERTIFICATION

II DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

ANTECEDENT CAUSE (8)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

Arteriosclerosis, generalizedarteriosclerotic heart diseasedissecting aneurysmINTERVAL BETWEEN
ONSET AND DEATH

Year.

10 year.

24 hour.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

While Not while
at work at work 22. I hereby certify that I attended the deceased from 9-12, 1955, to 9-13, 1955, that I last saw the deceasedalive on 9-13, 1955, and that death occurred at 11:10 AM, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

M. D.) E-Church St. Frederick9-15-55) Jefferson CemeteryJeffersonMd.

DATE REC'D BY LOCAL REGISTRAR

14 Sept. 1955

REGISTRAR'S SIGNATURE

Elizabeth B. Heck

24. FUNERAL DIRECTOR

Gladhill Co. Middletown, Md.

BUREAU Y. S.

SEP 16 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1808719

8691

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) RURAL LENGTH OF STAY
 Frederick Years
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

4 69 3. NAME OF DECEASED: (First) (Middle) (Last)
 (Type or Print) CLAYBORNE TROXELL

5. SEX: 6. COLOR OR RACE: 7. SPOUSE, MARRIED, WIDOWED, DIVORCED: 8. DATE OF BIRTH: 9. AGE last birthday
 Male White Widower August 7, 1880 75
 yrs. IF UNDER 1 YEAR Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Retired Motorman 10B. KIND OF BUSINESS OR INDUSTRY: H. & F. Railway 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

Charles P. Troxell

14. MOTHER'S MAIDEN NAME:

Elizabeth Lohr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 7 Frederick Avenue, Mr. Charles E. Troxell, Frederick, Maryland

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)
DUE TO

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH
4 days

ANTECEDENT CAUSE (S)

(B)
DUE TO

Old Myocardial Infarction

5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

Atherosclerotic Heart Disease

5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to 12 sept., 1955, that I last saw the deceased alive on 12 Sept., 1955, and that death occurred at 5:05 PM, from the causes and on the date stated above.
 SIGNATURE *Thomas C. Stow* ADDRESS DATE SIGNED *9/14/1955*

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

M. D. Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

14 Sept. 1955

Elizabeth B. Heck-

M. R. Etchison & Son, Frederick, Maryland

BUREAU V.

SEP 16 1955

RECEIVED

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08720

Reg. Dist. No. 131

8719

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Near Urbana LENGTH OF STAY (in this place) hours		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Ijamsville STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS England Farm-Big Woods Road			
3. NAME OF DECEASED (First) JOY (Middle) ANNATE (Last) TYERYAR	4. DATE OF DEATH September 3, 1955	(Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Mar. 12, 1953
9. AGE last birthday 2 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. KIND OF BUSINESS OR INDUSTRY Home	12. BIRTHPLACE (State or foreign country) Maryland COUNTRY USA
13. FATHER'S NAME Charles S. Tyeryar	14. MOTHER'S MAIDEN NAME Phyllis England		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mr. Charles S. Tyeryar, Ijamsville, Maryland	18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 929.0 Immediate cause (a) <i>Diseases</i>		INTERVAL BETWEEN ONSET AND DEATH 5 days. 6 hrs.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <i>Diseases</i>			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	CITY OR TOWN (COUNTY) (STATE) <i>near Urbana Frederick Md</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>Fell in pond about 11 45 a.m.</i>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <i>R. L. Thomas</i>	(Degree or title) Dep. Med. Exam, Frederick, Maryland	ADDRESS	DATE SIGNED 9/6/1955
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept. 6, 1955	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 6 Sept. 1955	REGISTRAR'S SIGNATURE <i>Elizabeth L. Heeks</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	

RECEIVED
BUREAU V.

SEP 7 1955

118/1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08721

8720

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:

COUNTY **Frederick**
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
X TOWN Sabillasville

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
00

MARYLAND
 LENGTH OF STAY
(in this place)
25 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Md.** COUNTY **Frederick**
 CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN **Sabillasville**

STREET
ADDRESS
/

3. NAME OF (First) (Middle) (Last)
 DECEASED: **Jane E. Waynant**

4. DATE (Month) (Day) (Year)
 OF DEATH: **Sept. 11, 1955**

5. SEX: **Female** 6. COLOR OR RACE: **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED.
 (Specify): **Single** 8. DATE OF BIRTH: **Jan. 15, 1871** 9. AGE last birthday **84** yrs.
 IF UNDER 1 YEAR
 Months **0** Days **0** Hours **0** Mln. **0**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Retired** 10B. KIND OF BUSINESS OR INDUSTRY: **Store Clerk** 11. BIRTHPLACE (State or foreign country): **Waynesboro** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME:

A. E. Waynant

14. MOTHER'S MAIDEN NAME:

Marion Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mrs. K. P. Hough, Waynesboro, Pa.

INTERVAL BETWEEN
ONSET AND DEATH

1 yrs.

?

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE

(A) DUE TO

Senility

ANTECEDENT CAUSE (S)

(B) DUE TO

Arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**Chronic myocarditis**

?

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town)
 INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

21E. INJURY OCCURRED
 While Not while
 at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from **Oct. 7, 1955**, to **Sept. 11, 1955**, that I last saw the deceased alive on **Sept. 10, 1955**, and that death occurred at **7:45 A.M.** from the causes and on the date stated above.

SIGNATURE *M. Franklin Bush* ADDRESS **Thurmont Md.** DATE SIGNED **9/14/1955**

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
 REMOVAL (SPECIFY) **Burial** **9/14/55** **Green Hill** **Waynesboro, Franklin Pa.**

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
 REGISTRAR *W. J. Lyon* *Walter Y. Gross* *Waynesboro, Pa.*

BUREAU V.

SEP 20 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

08722

8721

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
<i>Frederick</i> MARYLAND		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Rural - near Thurmont</i>		LENGTH OF STAY (in this place) <i>4 hr. 15 min.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Rt. #1</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Rural - near Thurmont</i>	
STREET ADDRESS		STREET ADDRESS <i>Rt. #1</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <i>MONROE</i>		(Month) <i>Sept.</i>	
(Middle) <i>ELSWORTH</i>		(Day) <i>25</i>	
(Last) <i>WETZEL JR.</i>		(Year) <i>1955</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Sept. 25, 1955</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Newborn</i>		9. AGE last birthday yr. <i>0</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Monroe Elsworth Wetzel Jr.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT AND ADDRESS <i>Mrs. Monroe E. Wetzel, Sr., Rt. 1, Thurmont, Md.</i>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>754.4</i> Immediate cause		INTERVAL BETWEEN ONSET AND DEATH <i>4 hr. 15 min.</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(a) <i>Congenital heart anomaly</i>	
		(b)	
		(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m. <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 25, 1955</i> , to <i>Sept. 25, 1955</i> , that I last saw the deceased alive on <i>Sept. 25</i> , 1955, and that death occurred at <i>9:15 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>M. Franklin Birch M.D.</i> (Degree or title) <i>Thurmont, Md.</i> ADDRESS <i>DATE SIGNED</i> <i>Sept. 25, 1955</i>			
23. BURIAL, CREMATION REMOVALS (Specify) <i>Burial</i>		DATE THEREOF <i>Sept. 26, 1955</i> NAME OF CEMETERY OR CREMATORIAL <i>Mountain View Cemetery</i> LOCATION (City, town, or county) <i>Commitsburg, Md.</i> (State) <i>MD.</i>	
DATE REC'D BY LOCAL REG. <i>9/26/55</i>		REGISTRAR'S SIGNATURE <i>L. G. Powell</i> 24. FUNERAL DIRECTOR ADDRESS <i>Powell & Hartley, Woodsboro, Md.</i>	

BUREAU V.

SEP 28 1955

RECEIVED

8722

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 TOWN Braddock Heights 5 months
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Vindobona Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Frederick //
 STREET ADDRESS (If rural give location)
 404 West Second Street

3. NAME OF DECEASED: (First) (Middle) (Last)

(Type or Print) NORINE WHITEHILL

4. DATE (Month) (Day) (Year)
OF DEATH September 9 19555. SEX: S. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED,
Female White (Specify): Widowed

8. DATE OF BIRTH: July 11, 1873

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
Maryland USA

13. FATHER'S NAME:

Harry Douty

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)

No None Mr. H. Webster Whitehill - Frederick, Md.

(son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause

2. ANTECEDENT CAUSES (S)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

3. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

BUREAU V. S.

SEP 10 1965

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08724

8693

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY **Frederick** MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
Frederick 4 yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS **319 Madison Street**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Fred.**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN **Frederick, Maryland**
 STREET ADDRESS **319 Madison Street**

3. NAME OF
DECEASED: (First) **Williams** (Middle) **Edward** (Last) **Nathan**
 (Type or Print)

4. DATE (Month) (Day) (Year)
 OF DEATH: **Sept. 29 1955**

5. SEX: **Male** 6. COLOR OR
RACE: **Colored** 7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): **Single** 8. DATE OF BIRTH:
Jan. 1, 1875 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
80 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) **Railroad** 10b. KIND OF BUSINESS OR INDUSTRY: ********* 11. BIRTHPLACE (State or foreign country): **Montgomery Co., Md.** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Harplus Williams

14. MOTHER'S MAIDEN NAME:

Laura Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No.**

16. SOCIAL SECURITY NO.:

Unknown

17. INFORMANT & ADDRESS:

Odie Bell 319 Madison Street

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X
Immediate cause

(a) DUE TO

Ch. Cardi. Renal Vascular DiseaseInterval Between
Onset And Death
6 months

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				

22. I hereby certify that I attended the deceased from **7-4-1955** to **9-29-1955**, that I last saw the deceasedalive on **9-29-1955**, and that death occurred at **9-29-1955**, from the causes and on the date stated above.
SIGNATURE (Degree or title) **J. E. Brown Jr. M.D.**ADDRESS **110 W. Market St.**DATE SIGNED **9/30/55**

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF Oct. 2, 1955	NAME OF CEMETERY OR CREMATORIUM St. Pauls	LOCATION (City, town, or county) (State) Della, Fred. Co. Md.
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DATE RECD BY LOCAL REGISTRAR Oct. 1955	REGISTRAR'S SIGNATURE Elizabeth L. Heck	24. FUNERAL DIRECTOR Charles E. Hicks III	ADDRESS Frederick, Md.
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BUREAU V. S.

OCT 4 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08725, 41
Reg. Dist. No.....

CERTIFICATE OF DEATH

870

1. PLACE OF DEATH: Frederick COUNTY MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Brunswick		CITY (If outside corporate limits, write RURAL and give nearest town) OR Brynswick	
TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS II4 \$ 4th.Ave.		LENGTH OF STAY (in this place) 37 years	
3. NAME OF DECEASED: (First) William (Middle) Robert (Last) Williams (Type or Print)		4. DATE OF DEATH: 9 11 55	
5. SEX: Male	6. COLOR OR White	7. SINGLE, MARRIED, Married , DIVORCED, (Specify) B	8. DATE OF BIRTH: 7-16-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, Brakeman)		10b. KIND OF BUSINESS OR INDUSTRY: B and O.R.R.Co.	11. BIRTHPLACE (State or foreign country): West Virginia
13. FATHER'S NAME: Ashby Williams		14. MOTHER'S MAIDEN NAME: Elizabeth Crimm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO.: 4	
17. INFORMANT & ADDRESS: Mrs. Betty Koogle Williams, Brunswick, Md		18. MEDICAL CERTIFICATION <i>Coronary Thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH 2 hr.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1			
Immediate cause 		(a)..... DUE TO 	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		(b)..... DUE TO 	
		(c).....	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:	
20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-11-1955 , to 9-11-1955 , that I last saw the deceased alive on 9-11-1955 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above. SIGNATURE John H. Brown (DEGREE OR TITLE) ADDRESS Brunswick, Md DATE SIGNED 9-11-55			
23. BURIAL CREMATION BURIAL (Specify):		DATE TIME OF 9-14-55 NAME OF CEMETERY OR CREMATORIAL Lutheran LOCATION (CITY, TOWN, OR COUNTY, STATE) Middletown, Maryland	
DATE REC'D BY LOCAL REG. Sept 12-55		REGISTRAR'S SIGNATURE Kathryn V. Brown 24. FUNERAL DIRECTOR ADDRESS C.H. Feete and Bro. Brunswick, Md.	

FBI BUREAU

SEP 19 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08726
Reg. Dist. No. 144

8723

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Near Smithsburg (Rural)				2. USUAL RESIDENCE (HOME) OF DECEASED: Near Smithsburg (Rural)			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN RURAL		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL		(If rural give location) X /	
HOSPITAL OR INSTITUTION OR 00 STREET ADDRESS				STREET ADDRESS			
3. NAME OF (First) DECEASED: (Type or Print) Alvie				(Middle) Sylvester			
(Last) Wolfe				4. DATE (Month) (Day) (Year) OF DEATH: Sept. 3 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced		8. DATE OF BIRTH: Oct. 22 1900	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10B. KIND OF BUSINESS OR INDUSTRY:			
13. FATHER'S NAME: Jack Wolfe				11. BIRTHPLACE (State or foreign country): Frederick Co., MD.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
16. SOCIAL SECURITY NO. 213-16-2260				14. MOTHER'S MAIDEN NAME: Blanche Baker			
17. INFORMANT & ADDRESS: Keller Wolfe Woodsboro, Md.							
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 201X				INTERVAL BETWEEN ONSET AND DEATH 6 mo.			
IMMEDIATE CAUSE Hodgkin's disease				(A) DUE TO			
ANTECEDENT CAUSE (S) 				(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 31, 1955 , to Sept. 3, 1955 , that I last saw the deceased alive on Sept. 2, 1955 , and that death occurred at 3:00 P.M. from the causes and on the date stated above. SIGNATURE M. Franklin Bink ADDRESS Thurmont Md. DATE SIGNED 9/3/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Sept. 5 1955		NAME OF CEMETERY OR CREMATORIAL Mt. Bethel		LOCATION (City, town, or county) Near Garfield Fredk. Md.	
DATE REC'D BY LOCAL REGISTRAR Sept. 4 1955		REGISTRAR'S SIGNATURE Blanche S. Eyles		24. FUNERAL DIRECTOR W.L. Leager from Thurmont		ADDRESS	

BUREAU Y. S.

SEP 9 1965

REGELY ELE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08727

8694

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town) TownLENGTH OF STAY
(in this place)
12 hrsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS
69 Frederick Memorial3. NAME OF
DECEASED:
(First) ESTEE (Middle) BAIN (Last) ZENTZ

5. SEX:

6. COLOR OR

RACE:

7. SINGLE, MARRIED,

WIDOWED, DIVORCED

(Specify)

8. DATE OF BIRTH:

Married Dec 2, 1891

9. AGE last birthday

yrs.

Months

Days

Hours

Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronics Inspector - Nesting home

11. KIND OF BUSINESS

OR INDUSTRY:

12. BIRTHPLACE (State or foreign country): Frederick Co. Md

13. CITIZEN OF WHAT

COUNTRY?

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unk.)

(If Yes, give war or dates

of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSE (S)

(B)

DUE TO

Anterior subacute heart disease

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(C)

BUREAU V. S

SEP 16 1955

REGEV E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8695

08728

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick									
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 East Patrick Street		STREET ADDRESS 502 East Patrick Street									
3. NAME OF DECEASED: (Type or Print) MARY		(First) MARGARET (Middle) JEANETTE (Last) ZIMMERMAN									
5. SEX: Female		6. COLOR OR RACE: White		7. SINCE MARRIED, WIDOWED, DIVORCED. (Specify) Widow		8. DATE OF BIRTH: 12 Dec 1858		9. AGE last birthday 96 yrs.		10. UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: At Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME: Lewis Stull		14. MOTHER'S MAIDEN NAME: Anna Smith									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mrs. R. V. Stull, RD#3, Frederick, Md.							
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2		(A) IMMEDIATE CAUSE Chronic nephritis.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.							
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO None		(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or injury street, office bldg., etc.) None		21C. WHERE DID (City or town) INJURY OCCUR? None							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from , 1952, to Sept. 21, 1955 , that I last saw the deceased alive on Sept. 21, 1955 , and that death occurred at 4 P.M. from the causes and on the date stated above. SIGNATURE H. P. Keene				ADDRESS Frederick, Maryland							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1 Oct 1955		NAME OF CEMETERY OR CREMATORIUM Zion Reformed Cemetery		LOCATION (City, town, or county) (State) Charlesville, Maryland					
DATE REC'D BY LOCAL REGISTRAR Sept. 30, 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heek		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS					

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

OCT 3 1955

RECEIVED

08729

8695 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R.D.#3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS Bloomfield (If rural give location)	
3. NAME OF DECEASED: (First) SUSIE (Middle) EDITH (Last) ZIMMERMAN		4. DATE (Month) (Day) (Year) OF DEATH: Sept. 27, 1955	
5. SEX: Female RACE: White		6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow	
8. DATE OF BIRTH: November 1, 1886		9. AGE last birthday IF UNDER 1 YEAR yrs. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Thomas F. Haugh		14. MOTHER'S MAIDEN NAME: Ida Adelaide Eyler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Raymond A. Haugh Sr., Frederick R.D.#3, Md.		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 175X IMMEDIATE CAUSE (A) DUE TO <i>Cystadenocarcinoma of ovary with metastases</i> INTERVAL BETWEEN ONSET AND DEATH 1 yr. ANTECEDENT CAUSE (B) DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-6, 1955, to 9-27, 1955, that I last saw the deceased alive on 9-25, 1955, and that death occurred at 9:15AM, from the causes and on the date stated above. ADDRESS DATE SIGNED <i>Rex R. Martin</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		M.D. Frederick, Maryland 9/28/1955 NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR 29 Sept. 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck. 24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

RECEIVED
BUREAU X.

SEP 30 1955